FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

ACCEPTED AND FILED
95 MAY -8 PM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **474133** **(6)**

1. Current Name
PLATINUM COAST INDUSTRIES, INC.

Principal Place of Business	Mailing Address
3884 PROSPECT AVENUE NAPLES FL 33942-3714 US	3884 PROSPECT AVENUE NAPLES FL 33942-3714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/16/1975**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. # or Bldg. — 22:
Suite, Apt. # or Bldg. — 27:
City & State — 23:
City & State — 28:
Zip — 24: County — 25:
Zip — 29: County — 30:

4. FEI Number: **59-1640735** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. *This corporation has liability for estimated tax under § 220 I.R.C.* Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCORMICK, HARVEY D. 5455 8TH AVENUE, SW NAPLES FL 33999	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Harvey D. McCormick 5-8-95
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
PST MCCORMICK, HARVEY D. 5455 8TH AVENUE, SW NAPLES FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare (I) certify that the information supplied with this filing is, to the best of my knowledge, true and accurate as required by the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 2 above, or on an attachment with an address.

SIGNATURE: Harvey D. McCormick 5-8-95 813 643-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

032809 CP